



Is There a Role for the Registered Psychiatric Nurse on the Palliative Care Team?

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Canadian Federation of
Mental Health Nurses
Conference

October 21st to 23rd, 2015
Niagara Falls, Ontario
Canada



Learning Objectives



1. Participants will learn about the theoretical knowledge base and skill sets of registered psychiatric nurses.
2. Exploration of the value add characteristics of an RPN/RN staff-mix in Palliative Care Settings.
3. Discussion of the high bio-psycho-social spiritual needs of individuals and their loved ones at end-of-life.
4. Identifying underserved and vulnerable populations in Palliative Care and exploring the barriers to meeting the complex needs of these populations.

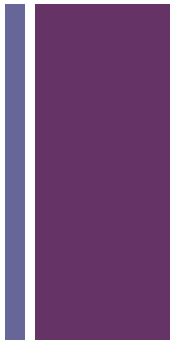
+ Registered Psychiatric Nursing Curriculum

Year One	Year Two	Year Three	Year Four
Health Promotion through the Lifespan Fundamentals of P.N. Nursing I Interpersonal Communication Intro Psychology Intro Sociology Anatomy and Physiology	Fundamentals of P.N. II (L) Health Assessment (L) Psychopharmacology Fundamentals of P.N. III (Meds.) (L) Integrated Practicums I & II (C), 6 weeks Medical Nursing (C), 1 day a week Psychopathology	P.N. for Elderly Persons Intro to Palliative Care Therapeutic Groups (L) Acute Mental Health Challenges Family Counseling (L) Developmental Challenges (F) Integrated Practicum III (C), 6 weeks	P.N. with Children and Adolescents Philosophical Perspectives on Practice Leadership in Professional Practice Contemporary Perspectives on Health Issues Integrated Practicum IV (C), 8 weeks
Introduction to Statistics	Sociology of Medical Systems	Community Health (F) Addictions Interpersonal Abuse	Psychiatric Rehabilitation & Recovery (F) Intro to Health Research Methods



Skill Sets

- Infection Control
- Vital Signs, Health Assessment
- Oxygen therapy, Respiratory Care, Airway Management
- Mobility & Safety
- Hygiene, Elimination & Nutrition
- Intravenous Therapy
- Wound Care
- Medication Administration
- Documentation & Reporting
- Post-Mortem Care
- Therapeutic Use of Self
- Individual Counseling
- Group Counseling
- Family Counseling
- Mental Status Assessment
- Suicide Assessment & Intervention
- Crisis Assessment & Intervention
- Positive Support Behavioral Intervention
- Working with Vulnerable Populations
- Recovery Oriented Service

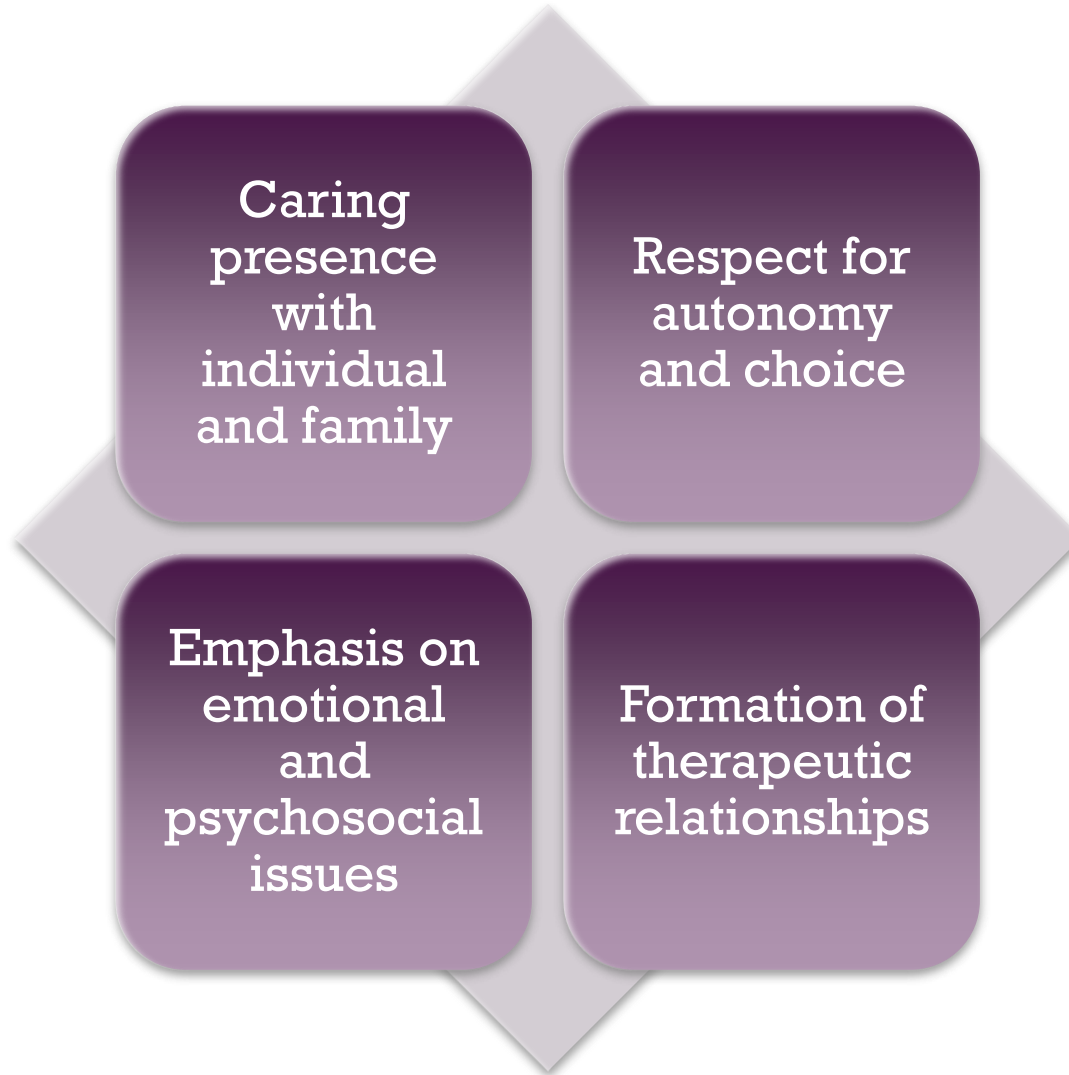
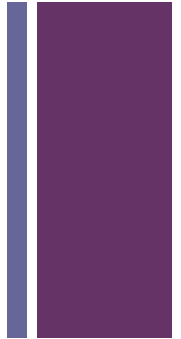


+ Palliative Care Course Content

- The Context of Palliative Care
- Historical Evolution
- Personal Self Care
- Palliative Care in Severe and Persistent Mental Illness
- Children Facing Death
- Cultural Humility in Palliative Care
- Communication in Palliative Care
- Legal and Ethical Issues in Palliative Care
- Advanced Care Planning
- Symptom Management (Pain)
- Management of Physical (Non-Pain) Symptoms
- Strengthening & Supporting Families
- Spiritual Care
- The Final Hours
- Palliative Care in Vulnerable Populations
- Personal Reflection & Learning Regarding the Role of the P.N. in Palliative Care



Roles and Expertise



Adapted with permission from Nicole Fields BScPN Nursing Student Poster

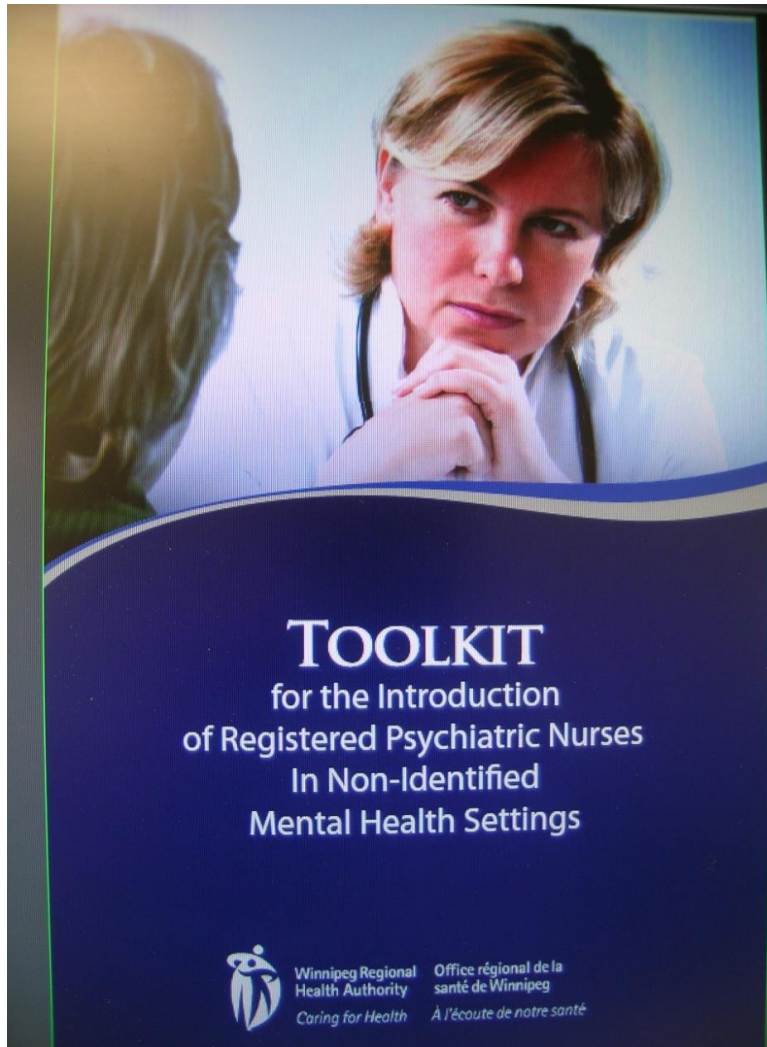
+ The Prevalence of Medical Illness in People with Mental Illness

- People with mental illness have high mortality and morbidity rates associated with high suicide rates, accident rates and the incidence of alcohol and drug problems
- This population also has high rates of unrecognized medical disorders and consequent neglect of physical problems
- Late diagnosis and early death is considered to be a normal statistic for people with SPMI

Hahm & Segal (2005), McCasland (2007), Foti (2003), Ellison (2008), Davie (2006), McGrath et al, (2004), Goldenberg et al. (2000), Woods et al., (2008)



W.R.H.A. Tool Kit Re: Staff Mix



- In 2009 the Nursing Leadership Council discussions regarding the appropriate utilization of R.P.N.'s within the healthcare system in Winnipeg resulted in the agreement that other patient populations would benefit from the addition of R.P.N.'s to the healthcare team.

Tool Kit for the Introduction of Registered Psychiatric Nurses in Non-Identified Mental Health Settings – Introduction and Background, Feb. 2011.



Staff Mix

- Decisions as to the appropriate staff mix for a particular unit, program or service and the potential benefit of introducing a RPN role are complex and need to consider a number of factors including:
 - Needs of the patient population (for example, prevalence of mental health issues, complex family dynamics, need for psychosocial interventions and therapies. etc.)
 - Scope of practice of the LPN, RN and RPN
 - Scope of practice of other health care providers on the current health care team
 - Environmental factors (for example, practice supports, consultation resources, and the stability/predictability of the environment) (CLPNM, CRNM, & CRPNM, 2010; College of Nurses of Ontario, 2009) Tool Kit Feb. 2011

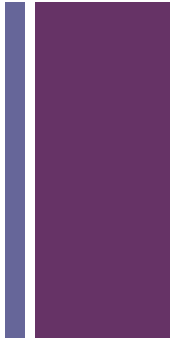


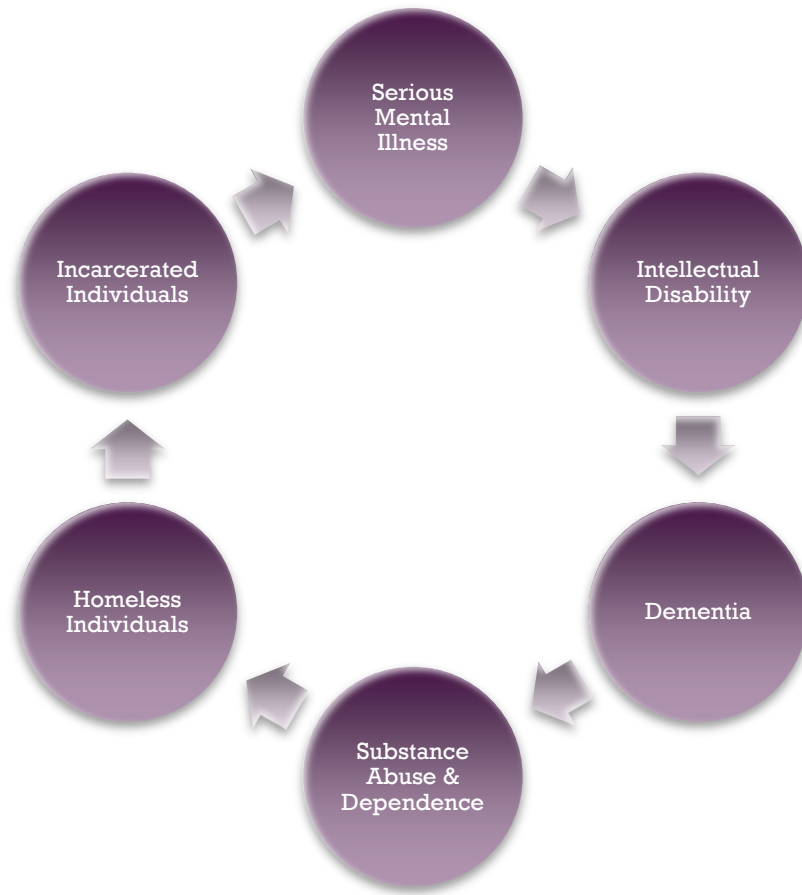


Needs of Individuals with Serious Mental Illness in the Palliative Care Setting

- Engaged treatment relationship with people they know and trust as much as possible
- Earlier identification of medical illnesses and treatment
- Cross-training of palliative care and mental health care providers
- Involvement as much as possible in end-of-life decisions with use of both psychiatric advance directives and end-of-life medical care advance directives
- Education, care, support, assistance, and bereavement counseling by providers who value collaboration, advocacy and research
- Access to compassionate end-of life care in a variety of settings (ideally involving client choice)

Woods et al. (2008), Baker, (2005), Goldenberg et al. (2000), Tate & Longo (2005), Foti (2003), Webber (2012)



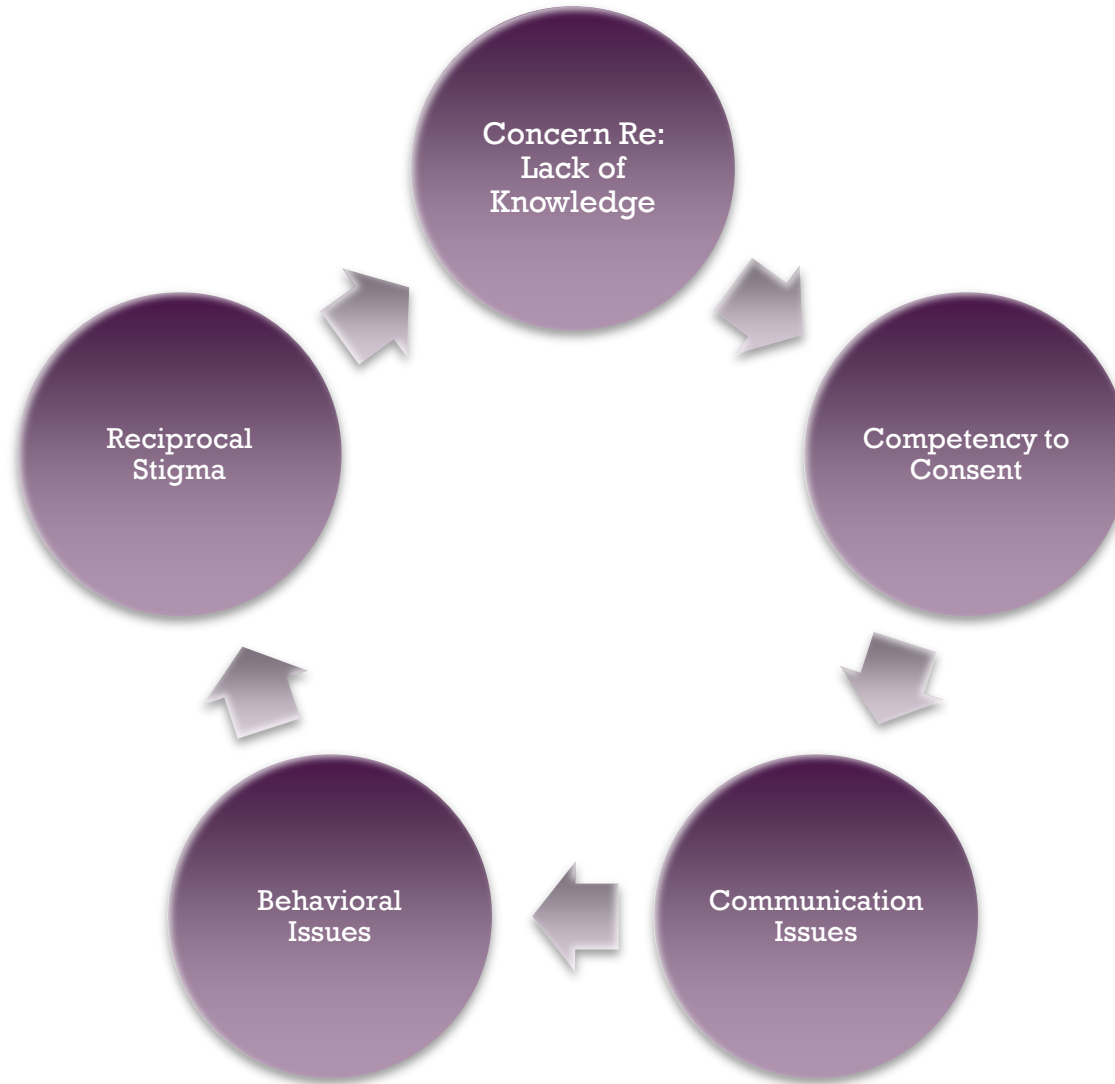


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Populations that are Underserved in Palliative Care

Baker (2005), Woods et al. (2008), Goldenberg et al. (2000), Foti, (2003), Webber (2012), Cross et al. (2012), McGraft & Jarrett (2007), Ellison (2008), Albisson & Strang (2003), Aminoff & Adunsky (2005), Diwan et al. (2004), DRC (2006), McCarron & McCallion (2007), Robinson et al. (2005), Davis & Bucknell, (2011), Hughes, (2001).

+ Barriers to Access to Palliative Care



McCasland (2007), Cross et al. (2012), Foti (2003), Baker (2005), Woods et al. (2008), Goldenberg et al. (2000), McGrath & Jarrett (2007)



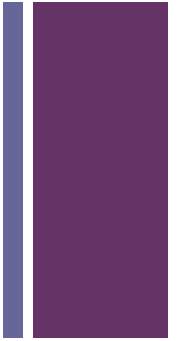
Stigma During End-Of-Life Care

“Individuals with a terminal illness in psychiatric facilities can have multiple stigmatized social identities as they are not only considered mentally ill, but are often imprisoned, aged, and have other illnesses or disabilities apart from the fact that they are also dying. The impact of multiple stigmatizing social identities may affect not only the institutionalized individual with a mental illness seeking end-of-life care but also the service providers who care for them.”

- The Park Centre for Mental Health Study
- For many staff had become family – reluctance to move patients to unfamiliar settings
- Palliative Care Consultation – desire for more on-site support
- Reciprocal stigma

McGraft, P. & Jarrett, V. (2007). The Problem of Stigma during End-of-life Care at a Psychiatric Institution. **International Journal of Psychosocial Rehabilitation. 11 (2), 19-30.**





Serious Mental Illness and the Capacity to Make End-of-Life Decisions

- “Do It Your Way” : A Demonstration Project on End-of-Life Care for Persons with Serious Mental Illness – Foti, M. E. (2003)
- End of Life Care for People with Mental Illness – Inner City Health Associates, Toronto, Mission Hospice Program, Ottawa Inner City Health, Florida, U.S.A. “Just-Do-It” approach – Webber, T. (2012)

+ Service Delivery Settings for Individuals with Serious and Persistent Mental Illness

- Hospice/Palliative Care Units
- Long Term Care Units in Psychiatric Institutions
- Long Term Care Units In Nursing Home, PCH Settings
- Psychiatric Rehabilitation Group Homes
- Own Homes with Intensive Psychiatric Support & Palliative Home Care Support
- Home of Family Members or Significant Others
- Combination Medical/Psychiatric Units
- On the Street (Shelter and Mobile Services)

****Majority of research does not support palliative care delivery on acute psychiatric units**

Baker (2005), Davie (2006), Foti (2003), Goldenberg et al. (2000), Hughes (2001), McCasland (2007), Woods et al. (2008), Webber (2012)



Recommended Reading



Bartok, Mira, (2011). *The Memory Palace*.
Free Press, Simon & Schuster, Inc., New
York: N.Y.



Questions and Thoughts?????